

Attachment 08a: WIOA Adult Eligibility Checklist

Applicant Name: _____

Application Date: _____

Completed By: _____

WIOA ADULT	
GENERAL ELIGIBILITY CRITERIA (Verify each criterion unless specified otherwise)	ACCEPTABLE DOCUMENTATION (Only one document from this column per eligibility criterion is required)
BIRTH DATE/AGE Note: Adult Program applicants must be age 18 or older at the time of registration to participate in this program.	<input type="checkbox"/> Baptismal Record (If date of birth is shown) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 Form (Report of Transfer or Discharge) <input type="checkbox"/> Driver's License <input type="checkbox"/> Federal, State or Local Issued Identification Card <input type="checkbox"/> Hospital Record of Birth (If full name is shown) <input type="checkbox"/> Passport <input type="checkbox"/> Public Assistance/Social Service Records <input type="checkbox"/> School Records/Identification Card <input type="checkbox"/> Work Permit <input type="checkbox"/> Family Bible
AUTHORIZATION TO WORK U.S. citizens, born or naturalized, are always authorized to work in the United States, while foreign citizens may also be authorized if they have an immigration status that allows them to work.	<input type="checkbox"/> One Verification Source from List A of the I-9 Form <p style="text-align: center;">OR</p> <input type="checkbox"/> One Verification Source from List B of the I-9 Form <p style="text-align: center;">AND</p> <input type="checkbox"/> One Verification Source from List C of the I-9 Form

WIOA ADULT

SELECTIVE SERVICE REGISTRANT

Note: Each male registrant 18 years of age or older born on or after January 1, 1960, must present evidence that he has complied with *Section 3* of the Military Selective Service Act.¹

Each male who turns 18 years of age during WIOA participation must also submit evidence that he has complied with the requirements of the Military Selective Service Act.

- ☐ Acknowledgement Letter
- ☐ Form DD-214¹
- ☐ Screen printout of the [Selective Service Verification](#) Internet Site Acknowledgement Letter
- ☐ Selective Service Status Information Letter²
- ☐ Selective Service Registration Card
- ☐ Selective Service Registration Record (Form 3A)
- ☐ Selective Service Verification Form
- ☐ Stamped Post Office Receipt of Registration
- ☐ Electronic Records

PRIORITY OF SERVICE CRITERIA

Note: The Workforce Innovation and Opportunity Act (WIOA) emphasizes providing services to individuals with barriers to employment, as defined in WIOA sec. 3(24), including some of the same populations that are to receive priority in the WIOA Adult program. **Recipients of public assistance, individuals who are basic skills deficient, or those identified as being low-income** represent some of the workforce system's most in need participants and are the three priority groups that WIOA specifically mandates are entitled to receive priority of service (in addition to veterans and eligible spouses) for individualized career or training services under the WIOA Adult program. **Per Training and Employment Guidance Letter 7-20, U.S. Department of Labor (USDOL) envisions ensuring that at least 75 percent of a state's participants receiving individualized career and training services in the Adult program are from at least one of the priority groups mentioned above and expects this rate will be no lower than 50.1 percent in any state.** USDOL expects states and local boards to review and update their policies and procedures, including the monitoring of the implementation of these policies and procedures.

ELIGIBILITY CRITERIA

(Verify each criterion unless specified otherwise)

ACCEPTABLE DOCUMENTATION

(Only one document from this column per eligibility criterion is required)

VETERANS' PRIORITY OF SERVICE

A veteran/covered person, as defined in Section 4215 of the Jobs for Veterans Act, is entitled to priority of service under the WIOA Title I programs, e.g., Adult, Youth, and Dislocated Worker.

- ☐ DD-214
- ☐ A Letter from the Veterans' Administration
- ☐ Cross-Match with Department of Defense Records
- ☐ Cross-Match with Veterans Service Database

¹ Men who separate from active military duty for any reason before they turn age 26 must register for Selective Service. See "Who Must Register" chart at www.sss.gov/must.htm for specific military-related requirements.

² Since January 1995, the Selective Service System has been issuing "status information letters" in lieu of previous system of "advisory opinion letter."

WIOA ADULT

BASIC SKILLS DEFICIENT

An adult, who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant's family, or in society.

- ☐ Case Notes
- ☐ Assessment Test Results
- ☐ Applicable Records from Education Institution (transcripts, academic assessments, or other school documentation)

FAMILY INCOME AND LOW-INCOME STATUS

Note: Documentation should be provided for **each** applicable inclusive income source received by the applicant and each family member for the six-month income period immediately preceding the determination date.

It is necessary to verify family size when utilizing family income eligibility.

An applicant who claims little or no income must submit a statement that little or no income was received during the past six months, that they were **not employed** for that period, and how they were supported.

- ☐ Award Letter from Veterans Administration
- ☐ Bank Statements (Direct Deposit)
- ☐ Compensation Award Letter
- ☐ Court Award Letter
- ☐ Employer Statement/Contact
- ☐ Family or Business Financial Records
- ☐ Housing Authority Verification
- ☐ Pay Stubs
- ☐ Pension Statement
- ☐ Public Assistance Eligibility Verification
- ☐ Self-Attestation
- ☐ Quarterly Estimated Tax for Self-Employed Persons (Schedule C)
- ☐ Social Security Benefits Records
- ☐ Unemployment Insurance Claim Documents and/or Printout
- ☐ Copy of Authorization to Receive Cash Public Assistance
- ☐ Copy of Public Assistance Check
- ☐ Cross-Match with Refugee Assistance Records
- ☐ Cross-Match with Public Assistance Records
- ☐ Cross-Match with UI Wage Records

CASH PUBLIC ASSISTANCE

Note: The documentation listed must show that the **applicant** receives cash payments under a federal, state, or local income-based public assistance program.

- ☐ Copy of Authorization to Receive Cash Public Assistance
- ☐ Copy of Public Assistance Check
- ☐ Medical Card Showing Cash Grant Status
- ☐ Public Assistance Eligibility Verification Records/Printout
- ☐ Cross-Match with Refugee Assistance Records/Printout
- ☐ Signed Statement from Health and Welfare Cross-Match with Public Assistance Records (Bridges or MiBridges)
- ☐ Cross-Match with State Management of Information System Database

WIOA ADULT

FOOD STAMPS

Note: The documentation listed must show that the **applicant** receives (or has been determined within the 6-month period prior to application for the program involved) to be eligible to receive food stamps pursuant to the Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.).

- ☐ Public Assistance Verification from applicable Social Service Agency (Bridges or MiBridges)
- ☐ Written Confirmation from Social Services Agency
- ☐ Authorization/Documentation to Receive Food Stamps or SNAP
- ☐ Letter or Email from Social Worker/Case Worker
- ☐ Benefit Receipt Verification from applicable Social Service Agency
- ☐ Self-Attestation

FAMILY SIZE/INDIVIDUAL STATUS

Note: In addition to documentation of family size, additional documentation may be required to establish that the family is living in a single residence. Persons ordinarily included in the definition of family, but claiming to be no longer dependent, must attest to their individual status.

The head of household in which that person resides, if possible, should corroborate such statement. Individual must also show source of support.

- ☐ Lease
- ☐ Birth/Baptismal Certificates or Church/Hospital
- ☐ Records of Birth
- ☐ Decree of Court
- ☐ Divorce Decree
- ☐ Alien Registration Cards
- ☐ Landlord Statement
- ☐ Marriage Certificate
- ☐ Medical Card
- ☐ Public Assistance/Social Service Agency Records
- ☐ Written Statement from a 24-Hour Care Facility or Institution (e.g., Mental Institution or Prison)
- ☐ Most Recent Tax Return Supported by IRS Documents (e.g., form Letter 1722)
- ☐ Self-Attestation